

**Executive Budget Office
Request for Other Funds Authorization**

AGENCY CODE:

AMOUNT REQUESTED:

AGENCY NAME:

Please complete the following:

1. Description of Request:

2. Justification: *(Why is additional authorization needed? What will be paid for with authorization? Explain the source of funding. Attach appropriate documentation.)*

3. Is all or part of the expenditure authorization supported by actual cash received and brought forward from the previous fiscal year? If yes, what is the funding source?

YES _____ NO _____

Funding Source: _____

4. Is all or part of the expenditure authorization request supported by an increase in projected revenue? If yes, what is the funding source? Explain in detail.

YES _____ NO _____

Funding Source _____ Anticipated Amount of Increased Revenue _____

Explain in detail reason(s) increase occurred.

If yes, select and attach appropriate documentation.

Contract _____ Proviso/Statute Number _____

Grant _____ Other _____

5. What program(s)/subprogram(s) and line item(s) are impacted by this request? (Add lines as needed). List program(s)/subprogram(s) by name not program number.

Program/Subprogram _____	Line Item _____	Amount _____
Program/Subprogram _____	Line Item _____	Amount _____
Program/Subprogram _____	Line Item _____	Amount _____

TOTAL OF ALL LINES _____

6. Is this request for a recurring initiative or a one-time request?

Recurring Initiative _____ One-Time Request _____

If this is a recurring initiative, has additional authority been requested in the budget cycle for the upcoming fiscal year? If so, what amount has been requested? What is the status of the request (recommended by Governor, WMC or SFC; or appropriated by House or Senate)?

YES _____ NO _____

Amount Requested _____ Status of Request _____

If this is a recurring initiative and additional authority has not been requested in the budget cycle for the upcoming fiscal year, how much needs to be added? Why has additional authority not been requested for the upcoming fiscal year?

Amount requested to be added for next fiscal year _____

Reason(s) authority has not been requested:

7. Are any FTEs being requested? If so, how many and what is the amount of personal service dollars?

YES _____ NO _____

Number of FTEs _____ Personal Service Funds _____

8. Cabinet Agencies: Has this been reviewed and approved by the Governor's Office?

YES _____ NO _____

9. Any additional information.

SIGNATURE

Typed name of Authorized Representative

Title

Signature of Authorized Representative

Date Signed

Telephone: _____

For EBO Use

Adjusted Other Fund Authorization _____

Request Percent Increase _____ %

YTD Other Fund Approved Increases _____

YTD Percent Increase _____ %

7/22/14

Date To Committee _____

Committee Recommendation:

Adjusted Other Fund Authorization